

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

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## UNITED STATES DISTRICT COURT

for the  
Southern District of Texas

Houston Texas Division

United States Courts  
Southern District of Texas  
FILED

10/7/24

Nathan Ochsner, Clerk of Court

Jayde Brenae Littles

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

MD Anderson Cancer Center  
MD Anderson Cord Blood Bank  
1841 Old Spanish Trl Unit 1170  
Houston Harris County TX 77054  
713 563 8000

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jayde Littles
Street Address	6810 N Fry Rd
City and County	Katy Harris County
State and Zip Code	Texas 77449
Telephone Number	757 469 8226
E-mail Address	Jaylitt1998@gmail.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

## Defendant No. 1

zero dollars (0.00)

Name  
Job or Title *(if known)*  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address *(if known)*

MD Anderson Cancer Center  
MD Anderson Cord Blood Bank  
1841 Old Spanish Trl Unit 1170  
Houston Harris County TX 77054  
713 563 8000

## Defendant No. 2

Name  
Job or Title *(if known)*  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address *(if known)*

Krystle Sam Poole  
Manager  
Houston Harris County  
Texas 77054  
832 526 2952  
Kmpool@mdanderson.org

## Defendant No. 3

Name  
Job or Title *(if known)*  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address *(if known)*

Zoila D Gomez  
Sr. Reasesrch nurse  
Houston Harris County  
Zdgomez@mdanderson.org  
832 814 4378

## Defendant No. 4

Name  
Job or Title *(if known)*  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address *(if known)*

Alexandra De Los Rios  
Sr Coordinator  
Houston Harris County  
Texas 77054  
281 236 3642  
Acdelos@mdanderson.org

## Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

## Defendant No. 1

Name

Joselyn Toc Lopez

Job or Title (if known)

Cord Blood Collector

Street Address

Houston Harris County 77054

City and County

State and Zip Code

832 881 4870

Telephone Number

Jatoc@mdanderson.org

E-mail Address (if known)

## Defendant No. 2

Name

Lisa Marie Alicea Fontanez

Job or Title (if known)

Lead Cord Blood Collector

Street Address

Houston Harris County 77054

City and County

(346) 328-5706

State and Zip Code

Telephone Number

E-mail Address (if known)

## Defendant No. 3

Name

Erin Eaton

Job or Title (if known)

Manager

Street Address

MD Anderson Cancer Center

City and County

MD Anderson Cord Blood Bank

State and Zip Code

1841 Old Spanish Trl Unit 1170

Telephone Number

Houston Harris County TX 77054

E-mail Address (if known)

713 563 800

## Defendant No. 4

Name

Johana Roman and Alexis Law  
(832) 450-8845

Job or Title (if known)

MD Anderson Cancer Center

Street Address

MD Anderson Cord Blood Bank

City and County

1841 Old Spanish Trl Unit 1170

State and Zip Code

Houston Harris County TX 77054

Telephone Number

713 563 800

E-mail Address (if known)

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	MD Anderson Cord Blood Bank
Street Address	
City and County	1841 Old Spanish Trl Unit 1170
State and Zip Code	Houston Tx 77054
Telephone Number	713 563 8000

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Other federal law (specify the federal law):

Title VII of the Civil Rights Act of 1964



Relevant state law (specify, if known):

Texas Labor Code, Chapter 21 (Texas Human Rights Act):



Relevant city or county law (specify, if known):

**III. Statement of Claim**

zero dollars (0.00)

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.  
☒ Termination of my employment.  
☐ Failure to promote me.  
☒ Failure to accommodate my disability.  
☒ Unequal terms and conditions of my employment.  
☒ Retaliation.  
☐ Other acts *(specify)*: \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s) \_\_\_\_\_

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.  
☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race \_\_\_\_\_  
☐ color \_\_\_\_\_  
☐ gender/sex \_\_\_\_\_  
☐ religion \_\_\_\_\_  
☐ national origin \_\_\_\_\_  
☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*  
☒ disability or perceived disability *(specify disability)* \_\_\_\_\_  
 \_\_\_\_\_ Pregnancy and ADA violation

E. The facts of my case are as follows. Attach additional pages if needed.

See attachedment facts of case Exhibit A

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*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

**IV. Exhaustion of Federal Administrative Remedies**

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

09/06/2023

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* \_\_\_\_\_.

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I am seeking the following remedies, which I am entitled to under federal and state laws:  
 Reinstatement of Employment: I demand the immediate reinstatement of a different position at MD Anderson Canc  
 Compensation for Financial Losses: This includes but is not limited to unpaid wages, out-of-pocket medical expenses  
 Compensation for Emotional Distress: I seek damages for the emotional and psychological harm I have suffered as  
 Punitive Damages: Given the egregious nature of your actions, I am seeking punitive damages to serve as a deter  
 Legal Fees: I request reimbursement for all legal costs and attorney's fees incurred as a result of pursuing this claim

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: September 25, 2024

Signature of Plaintiff

Printed Name of Plaintiff

*Jayde Brenae Littles*

Jayde Brenae Littles

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

## **Statement for Court on Pregnancy Discrimination and Unjust Termination**

Your Honor,

I am here today to bring forward a case of blatant pregnancy discrimination and unlawful termination. After I informed my employer of my pregnancy, I was demoted from my position, and ultimately, unjustly terminated without valid cause. This discriminatory action is in direct violation of the **Pregnancy Discrimination Act (PDA) of 1978**, an amendment to **Title VII of the Civil Rights Act of 1964**, which explicitly prohibits any form of discrimination based on pregnancy, childbirth, or related medical conditions.

My dismissal, occurring shortly after disclosing my pregnancy, was accompanied by unjustified claims of "restructuring" and "performance issues," which were never raised prior to my pregnancy. Additionally, my employer refused reasonable accommodations that were medically recommended for my health and safety. This refusal further violates the **Americans with Disabilities Act (ADA)**, which requires employers to provide reasonable accommodations for conditions related to pregnancy that may be considered temporary disabilities.

As a result of this wrongful termination:

- I experienced severe pregnancy-related complications, including fainting spells, witnessed by medical professionals and colleagues. Despite these health challenges, I was forced into unemployment.
- The stress of being without a job during my pregnancy led to emotional and mental distress, for which I had to seek counseling.
- Financially, the termination has devastated my ability to cover medical expenses, caused eviction from my home, and resulted in damage to my credit score.

The employer's actions have caused irreparable harm, both emotionally and financially. I have incurred out-of-pocket expenses including unpaid medical bills, relocation costs due to eviction, and continued financial strain as I attempt to regain stability.

In light of these facts, I am seeking justice and compensation for the emotional, physical, and financial damage suffered due to this unlawful discrimination and termination. I respectfully request that this court order a settlement that accounts for the undue hardships I have endured and to prevent such discriminatory practices from continuing.

**Settlement Offer:** I am open to a settlement that addresses the economic damages caused by my wrongful termination, including back pay, compensation for medical and relocation expenses, emotional distress damages, and any other punitive damages as deemed appropriate by the court.

I trust that this court will hold my former employer accountable for violating federal laws protecting pregnant workers.

Sincerely,